Schedule E)	PAGE 1 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report A	mends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	10 12 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	30.00
Shreveport LA 71119	Transaction ID : fb99c318-55a9-48c3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category. Type	/ 001 M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 181058.88	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	10
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	16.80
Shreveport LA 71119	Transaction ID : 5a7d9caa-858e-48cf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 181058.	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.80
(a) SOBTOTAL OF NOTIFIED MICEOGRAPHIC Experimental Experi	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 13 2014
Signature	

Schedule E)	IN EXICIO	TIONES	PAGE 2 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			10 12 2014 Amount
Cia.	Otata	Zin Cada	25.00
City Greensboro	State NC	Zip Code 27410	25.00 Transaction ID : 64b1df2d-c17a-4704-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 12 12 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	000165.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			10 12 2014
			Amount
City	State	Zip Code	2.40
Greensboro Purpose of Expenditure	NC	27410	Transaction ID: 481995d7-d315-48d0-9 Date of Disbursement or Obligation
Mileage		Category/ Type 002	10 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1000165.87	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		27.40
(b) SUBTOTAL of Unitemized Independent Exper	adituros		
(b) SOBTOTAL OF OTHER HIZER INDEPENDENT EXPER	iuituies		
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 2014
S.g. accio			

Schedule E)	L /(1 L /(2)	1101120		PAGE 3 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			-	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Gary W Fuhrmann			M	f Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive			Amoun	t
City	State	Zip Code		45.00
Shreveport	LA	71106		ction ID: b1419a7f-fae2-4422-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	181058.88	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Gary W Fuhrmann				f Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive				10 12 2014
OTEO OCOSICA DITO			Amoun	t
City	State	Zip Code		6.60
Shreveport Purpose of Expenditure	LA	71106	Transac Date of	tion ID: 17883319-c339-4da6-8 f Disbursement or Obligation
Mileage		Category/ Type 002		10 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		181058.88	Disbursement 2014 Otl	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.				51.60
(a) SOUTOTAL OF ROTHERON HOOPOTHORIC EXPONENTIALS.			, F	51.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	10	13 2014
Signature		_		

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report Amends report filed	
Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination
	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	30.00
Ville Platte LA 70586	Transaction ID: c2bf4c34-66a5-422a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	13.20
Ville Platte LA 70586	Transaction ID: 0d071ff5-620c-4a71-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	43.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	0 13 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Maria A Britt	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4894 Thunder Bolt	Amount
	City State Zip Code	50.00
	Concord NC 28205	Transaction ID : f0208ead-af78-4788-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify)
	Full Name of Payee OLynda Walker	Date of Public Distribution/Dissemination
	Mailing Address 10000 Mount Pleasant Rd	10 12 2014 Amount
	City.	F0.00
	City State Zip Code Midland NC 28107	50.00 Transaction ID : 1a42945f-ac2f-47e0-b
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 10 12 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	100.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (' 1) 7 1 1	0 13 2014
	Signature	للنتيا لنا ك

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Schedule E)		101120		PAGE 6 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee OLynda Walker				Public Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd			1 Amount	0 12 2014
City	Ctoto	7in Code		46.20
City Midland	State NC	Zip Code 28107		16.20 ction ID : 523a96d2-88ad-4086-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	0 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	10	00165.87	Disbursement 2014 Oth	For: Primary X General Primary Primary Repeated Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Gregory Green				10 12 2014
Mailing Address 2506 Bolch Street			Amount	t
City	State	Zip Code		30.00
Shreveport Purpose of Expenditure	LA	71104		tion ID : c61f76d9-3676-4360-a Disbursement or Obligation
Salary		Category/ Type 001		0 12 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	181058.88	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		· []	46.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	13 / 2014

Schedule E)	LIVI EXI END	HONES	PA(FO	GE 7 OF 45 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Gregory Green			10 / D	12 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		26.10
Shreveport	LA	71104	Transaction ID : 6 Date of Disbursen	e9b4b5b0-ca2f-4543-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President X S	enate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	181058.88	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Kristina R Walden			10	12 / 2014
Mailing Address 199 NC HWY 101			Amount	
City	State	Zip Code		14.00
Beaufort	NC	28516	Transaction ID : 58 Date of Disburser	36d8b3a-ed47-428b-a nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 0	12 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Kay Hagan		Oppose	President S	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1000165.87	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			40.10
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13	2014
•				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kristina R Walden	10 / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 199 NC HWY 101	Amount
City Sta	te Zip Code 5.40
Beaufort No.	C 28516 Transaction ID : a473a765-b025-4a1f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Logan B Piper Mailing Address 3205 Pebble Beach Rd	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3205 Pebble Beach Rd	Amount
City	tte Zip Code 25.00
Conway	R 72034 Transaction ID : 17943e0e-d151-487a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 12 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30.40
(b) SUBTOTAL of Unitemized Independent Expenditures.	••••••••••••••••••••••••••••••••••••••
(c) TOTAL Independent Expenditures	······································
	openditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
Ms. Emily Buchanan	[Electronically Filed] Date 10 13 2014
Signature	

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OF

Schedule E)	FENDENT EXPENDI	TONES	PAGE 9 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	ur report New repo	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Logan B Piper			10 / 12 / 2014
Mailing Address 3205 Pebble Beach F	Rd		Amount
City	State	Zip Code	26.79
Conway	AR	72034	Transaction ID : 6ad4a904-3c03-4d56-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 12 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	62201.20	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			10 12 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	60.00
Bellaire	NC	77401	Transaction ID: 2a636acb-79c1-49f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 12 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	181058.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independen	nt Expenditures		. ▶ 86.79
	·		7 7 7
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		•
(c) TOTAL Independent Expenditures			•
	, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10 13 / 2014
•			

Schedule E)	INT EXTEND	TIONES	PAGE 10 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			10 / 12 / 2014
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	8.40
Bellaire	NC	77401	Transaction ID : f19beeb2-3047-4e84-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		181058.88	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	60.00
Bellaire	NC	77401	Transaction ID : 4bd7740d-3eb8-47fd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		181058.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		68.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 11 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination
Mailing Address 543 S 2nd St			10 12 / 2014
3 343 0 21td Gt			Amount
City	State	Zip Code	8.40
Bellaire	NC	77401	Transaction ID: e056f4ae-a1f4-4ac6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,	181058.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patricia F Arnold			10 12 2014
Mailing Address 1117 Clipper Dr			Amount
City	State	Zip Code	14.00
Slidell	LA	70458	Transaction ID : c40e2731-1be1-43ed-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 12 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		181058.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		22.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Patricia F Árnold	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clipper Dr	Amount
City State Zip Code	0.48
Slidell LA 70458	Transaction ID : a5e98d38-319e-423c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 12 7 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Mary I Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	10 12 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	30.00
	Transaction ID: 6b3cb2b0-77aa-46df-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 12 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	30.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	0 13 2014
Signature	

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Schedule E)	LINDITOTICO	PAGE 13 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	led on Mam / Dab / Yayayay
Full Name of Davis		
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination 10 12 12 2014
Mailing Address 220 Doucet Rd		Amount
City State	Zip Code	1.23
Lafayette LA	70503	Transaction ID: 73901870-c00a-4388-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	181058.88 Dis	sbursement For: Primary
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination
		10 12 2014
Mailing Address 105 South Dale St		Amount
City State	Zip Code	70.00
Spruce Pine NC	28777	Transaction ID : 2e2a8ee8-dd36-4097-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		71.23
	,	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 13 2014
Signature	L	

Schedule E)	PAGE 14 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000.00
Check if 24-hour report X 48-hour report New report Amends report file	iled on M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Kenny Wallis	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr	Amount
City State Zip Code	25.00
North Little rock AR 72116	Transaction ID : ed1915cd-e048-448d-9
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation
Туре	10 12 2017
	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Odiolidai lodi lo Bato	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kenny Wallis	M = M / D = D / Y = Y = Y
Mailing Address 6412 Osage Dr	10 12 2014
3 <u>2</u> 333g3 2.	Amount
City State Zip Code	11.34
North Little rock AR 72116	Transaction ID : ee09bf77-568f-4872-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
	isbursement For: Primary X General 014 Other (specify) ▶
	Спы (эрсыу).
(a) SUBTOTAL of Itemized Independent Expenditures	36.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Mary Johnson	10 12 2014
Mailing Address 105 South Dale St	Amount
City State Zip Code	70.00
Spruce Pine NC 28777	Transaction ID : 61a41d1c-20a3-44bc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 1000165.87	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	10 12 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	35.00
Little Rock AR 72205	Transaction ID: 6bef37f2-5396-48bc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 12 7 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Mr. Mark L Pryor Opp	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 162201.20	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 13 2014
Signature	

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OF

Schedule E)	. LNDITOTILO	PAGE 16 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd		10 12 2014 Amount
City State	Zip Code	7.50
Little Rock AR	72205	Transaction ID : c2dc2a21-5d26-4350-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 12 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		014 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Lisa Booth		10 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue		Amount
City State	Zip Code	40.00
Eden NC	27288	Transaction ID : df8e0d7c-f152-419f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 12 2014
Name of Federal Candidate	Support 0	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) CURTOTAL of Hamizad Indonesiant Evacadituses		47.50
(a) SUBTOTAL of Itemized Independent Expenditures		47.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expwith, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 13 2014
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa Booth	10 / 12 / 2014
Mailing Address 1434 South Avenue	Amount
City State Zi	p Code 8.40
	7288 Transaction ID : 5496c5a1-1630-4347-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 12 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	10 12 2014
Mailing Address 2320 Saint Nick Dr	Amount
City State Zi	p Code 80.00
New Orleans LA 7	70131 Transaction ID : 5e7b266e-38da-4d74-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 12 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronical	lly Filed] Date 10 13 2014
Signature	

PAGE

OF

Sc	chedule E)		PAGE 18 OF 45 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
			M - M / D - D / Y - Y - Y - Y
Che	neck if 24-hour report X 48-hour report New report Amends	report filed	d on
	Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination
	Mailing Address 200 Carawood Lane		10 12 2014
Ì	200 Garawood Lane		Amount
	City State Zip Code		37.50
	Lexington NC 27295		Transaction ID: 0596a8ad-16ad-4bdb-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Suppor	ort Offic	e Sought: House District: 00
Ì	Ms. Kay Hagan Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 1000165.87	Disb 2014	ursement For: Primary
	Full Name of Payee	<u> </u>	Date of Public Distribution/Dissemination
	Tylan S Green		10 12 2014
	Mailing Address 2320 Saint Nick Dr		10 12 2014
Ì			Amount
	City State Zip Code		17.10
	New Orleans LA 70131		Transaction ID : 3395b492-399c-416c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	10 / 12 / 2014
Ì	Name of Federal Candidate Suppo	ort Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppos	se	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 181058.88	Disb 2014	oursement For: Primary General Other (specify)
((a) SUBTOTAL of Itemized Independent Expenditures	·····	54.60
((b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	······ >	7 7 7
١	Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	10 13 2014
	Signature		لىنىا لنا ك

Schedule E)	DENT EXICIO	HONES	PAGE 19 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	oort Amends repo	rt filed on
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 12 2014 Amount
City	State	Zip Code	6.30
Lexington	NC	27295	Transaction ID : 8ec72124-cc76-490a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	000165.87	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kinsey E Beck			10 12 2014
Mailing Address 103 Glenhaven Ct			Amount
City	State	Zip Code	60.00
Harvest	AL	35749	Transaction ID : 5f786764-9265-4b24-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		162201.20	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		66.30
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 2014
Signaturo			

Schedule E)			10.120		PAGE 20 OF 45 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of F Danielle E	_{ayee} Grindstaff				of Public Distribution/Dissemination
Mailing Address	S 147 Possum Trot Rd			Amour	10 12 2014
City		State	Zip Code		70.00
Bakersville		NC	28705		action ID: 83239c99-1745-47ee-9 of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		10 12 / 2014
Name of Feder	al Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagar	1		X Oppose	Preside	ent Senate State: NC
	/ear-To-Date on for Office Sought	10	000165.87	Disbursement 2014 Ot	t For: Primary X General
Full Name of F Danielle E Mailing Addres	Grindstaff				of Public Distribution/Dissemination
City		State	Zip Code		42.60
Bakersville		NC	28705	Transa Date o	ction ID : babfa4d5-ab72-4aac-9 of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002		10 12 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagar	1		X Oppose	Preside	-
	Year-To-Date on for Office Sought		1000165.87	Disbursement 2014 O	t For:
(a) SUBTOTAL	of Itemized Independent E	xpenditures			112.60
(b) SUBTOTAL	of Unitemized Independent	Expenditures		•	
(c) TOTAL Inde	pendent Expenditures			· •	
with, or at the re		y candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	10	13 2014
Signature					

Schedule E)	TI EXI END	TI OILEO		PAGE 21 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather N Montgomery			M = M	
Mailing Address 106 Wyncrest Ct			Amount	12 2014
City	State	Zip Code		60.00
Hendersonville	TN	37075		on ID : abfb18ad-f1c3-49af-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 M	12 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	162201.20	Disbursement Fo 2014 Other	r:
Full Name of Payee	_		Date of P	ublic Distribution/Dissemination
Heather N Montgomery			M 10	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Wyncrest Ct				12 2011
			Amount	
City	State	Zip Code		74.10
Hendersonville	TN	37075	Transaction Date of D	on ID : cac67db8-61fa-4ede-8 visbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		162201.20	Disbursement For 2014 Other	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'es		. •	134.10
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •	7 1 4 1 4 1
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXTEND	TIONES	PAGE 22 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			10 12 2014 Amount
		7: 0 1	20.50
City Greensboro	State NC	Zip Code 27410	22.50 Transaction ID: b5cb8ad4-ebb1-4bd8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	000165.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			10
City	State	Zip Code	2.10
Greensboro	NC	27410	Transaction ID : b7827bcf-e29a-4cf2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1000165.87	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		24.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
			77
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / 2014
5.g. a.a.			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Ashley n Thompson	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 272 Westgate Ct Apt 6	Amount
	City State Zip Code	22.50
	Lexington NC 27295	Transaction ID : ab5c51d4-e836-4c53-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu	rrsement For: Primary X General
		Other (specify) -
	Full Name of Payee Ashley n Thompson	Date of Public Distribution/Dissemination
	Mailing Address 272 Westgate Ct Apt 6	10 12 2014 Amount
	City State Zip Code	9.00
	Lexington NC 27295	Transaction ID : a93d0657-f3a6-42a1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 12 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	31.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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OF

Schedule E)	TI EXI END	1101120		PAGE 24 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael D English			Date of Pub	lic Distribution/Dissemination 12 2014
Mailing Address F4 Benton Ave Apt 4			Amount	
City	State	Zip Code		90.00
Searcy	AR	72149		ID: bc3d3723-dc0b-4f12-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	162201.20	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Mr. Elizabeth Allison			M = M	olic Distribution/Dissemination
Mailing Address 157 Bishop Drive			Amount	12 2014
City	State	Zip Code		12.20
Avondale	LA	70094	Transaction Date of Dis	ID : 1ada103d-44a7-4a6a-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	12 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	181058.88	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		→	102.20
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / D 13	2014
Signature		_		

Scl	nedule E)	1101120		PAGE 25 OF 45 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼		
W	Vomen Speak Out PAC C c00530766					
Che	ck if 24-hour report X 48-hour report New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
$\overline{}$	Full Name of Payee		Date of Public	Distribution/Dissemination		
	Mr. Elizabeth Allison		M M M /	12 2014		
	Mailing Address 157 Bishop Drive		Amount			
ŀ	City State	Zip Code		1.20		
	Avondale LA	70094		D: b2e38d7f-9d6a-4108-8 rsement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002	10	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00		
	Ms. Mary L Landrieu	Oppose	President >	Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	181058.88	Disbursement For: 2014 Other (sp	Primary		
Г	Full Name of Payee		Date of Public	Distribution/Dissemination		
1	Christopher Marquess		10 /	12 2014		
ľ	Mailing Address 110 W Pecan St			2011		
1			Amount			
ŀ	City State	Zip Code		50.00		
	Ville Platte LA	70586	Transaction ID Date of Disbu	D: d404361e-b06a-42ee-a ursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	10	12 / 2014		
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00		
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	181058.88	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶		
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	51.20		
(I	b) SUBTOTAL of Unitemized Independent Expenditures		•			
(0	C) TOTAL Independent Expenditures)			
W	Inder penalty of perjury I certify that the independent expenditures rith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electron	nically Filed] Date	10 / 13	/ Y Y Y Y Y Y 2014		
	Signature					

Schedule E)		PAGE 26 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St		10
		Amount
City State	Zip Code	33.00
Ville Platte LA	70586	Transaction ID: 903516bd-4b00-4c52-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	181058.88 Dist	bursement For: Primary
Full Name of Payee	,	Date of Public Distribution/Dissemination
Miranda A Resinos		M = M / D = D / Y = Y = Y
Mailing Address 1430 Sunnyside Rd		10 12 2014
1430 Sunnyside Nu		Amount
City State	Zip Code	70.00
Alma AR	72921	Transaction ID : 74375660-a88e-4b63-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 12 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	162201.20 Dis	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	103.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sche	edule E)	L/11 = 112.	101120		PAGE 27 OF 45 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wo	Women Speak Out PAC C c00530766					
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y	
Fu	ull Name of Payee Miranda A Resinos				of Public Distribution/Dissemination	
М	lailing Address 1430 Sunnyside Rd			Amou	10 12 2014 unt	
C	ity	State	Zip Code		60.60	
-	Alma	AR	72921		saction ID : acfb63e9-b5fa-41c3-a of Disbursement or Obligation	
	urpose of Expenditure Mileage		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
N	ame of Federal Candidate		Support	Office Sough	ht: House District: 00	
M	Лr. Mark L Pryor		X Oppose	Preside	dent Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought	1	162201.20	Disbursemen 2014 C	nt For:	
	ull Name of Payee Eric Resinos				of Public Distribution/Dissemination	
N	Mailing Address 1430 Sunnyside Rd			Amou		
С	Sity	State	Zip Code		70.00	
_	Alma	AR	72921	Transa Date	action ID: 1b28f16f-31f0-4202-8 of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid c$	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
N	lame of Federal Candidate		Support	Office Sough	ht: House District: 00	
N	Mr. Mark L Pryor		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	162201.20	Disbursemer 2014	nt For: Primary X General Other (specify) ▶	
(a)	SUBTOTAL of Itemized Independent Expenditures	j		· [130.60	
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		.	7 1 7 1 7	
(c)	TOTAL Independent Expenditures			· •		
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 /	13 2014	
	Signature					

Schedule E)		10.120		PAGE 28 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 44	B-hour report New report	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee ERIC TABARY			M = M	Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	12 2014
City	State	Zip Code		60.00
METAIRIE	LA	70003		D: 52222017-da3c-41fa-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	nt 1	81058.88	Disbursement For: 2014 Other (sp	Primary ☐ General secify) ►
Full Name of Payee Dylan J Sparks			Date of Publi	c Distribution/Dissemination
Mailing Address 915 East Mark	et Ave		Amount	
City	State	Zip Code		90.00
Searcy	AR	72149	Transaction II Date of Disbu	D: 7e17fa92-83fe-4dd1-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 M	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sougl	nt	162201.20	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent	endent Expenditures		. •	150.00
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		•	
(c) TOTAL Independent Expenditu	res		•	
Under penalty of perjury I certify t with, or at the request or suggestic party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 13	2014
Signature				

Schedule E)	DENT EXTEND	ITORES	PAGE 29 OF 45 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full) Allows on Consolid Out DAC						
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Dylan J Sparks			10 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 915 East Market Ave			Amount			
City	State	Zip Code	81.60			
Searcy	AR	72149	Transaction ID : 4d7a5f42-4d91-4e2f-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 12 7 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		X Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		162201.20	sbursement For: Primary ⊠ General Other (specify) ▶			
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination			
Kaleigh J Wagner			10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 18065 Wayne Rd			Amount			
City	State	Zip Code	125.00			
Odessa	FL	33556	Transaction ID: 9ddfb6f4-69aa-4be6-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 12 7 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	. , . ,	162201.20	Disbursement For: Primary ☐ General Other (specify) ►			
(a) SUBTOTAL of Itemized Independent Expe	nditures		206.60			
			7 7 7			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>			
(c) TOTAL Independent Expenditures						
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
9						

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	e Zip Code 125.00
Elgin SC	29045 Transaction ID : ead2cf50-1ba9-4e9d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 12 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	Amount
City State	e Zip Code 89.55
Elgin SC	29045 Transaction ID : 9c588dc9-3ce8-4987-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	214.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 13 2014
Signature	

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OF

Sch	nedule E)	PAGE 31 OF 45 FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Wo	Vomen Speak Out PAC C c00530766					
Chec	ck if 24-hour report X 48-hour report New report Amends report file	ed on				
	Full Name of Payee Gloria L Moyer	Date of Public Distribution/Dissemination				
N	Mailing Address 1505 Dills Creek Lane	Amount				
	City State Zip Code	12.50				
	Morehead NC 28557	Transaction ID : ae6e2b93-fc10-46f9-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
١	Name of Federal Candidate Support Offi	ice Sought: House District: 00				
	Ms. Kay Hagan Oppose	President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General 4 Other (specify) ▶				
	Full Name of Payee	Date of Public Distribution/Dissemination				
Т	Joseph R English	10 / 12 / 2014				
1	Mailing Address 915 East Market Ave Apt 4					
Т		Amount				
(City State Zip Code	90.00				
_	Searcy AR 72143	Transaction ID : 8e3fe1f0-4f96-41f7-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	10 / 12 / Y Y Y Y Y Y				
1	Name of Federal Candidate Support Off	ice Sought: House District: 00				
	Mr. Mark L Pryor Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General Other (specify) ▶				
(a	a) SUBTOTAL of Itemized Independent Expenditures	102.50				
(b	b) SUBTOTAL of Unitemized Independent Expenditures					
(с	TOTAL Independent Expenditures					
wi	Inder penalty of perjury I certify that the independent expenditures reported herein were not rith, or at the request or suggestion of, any candidate or authorized committee or agent of eith arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014				
	Signature					

Schedule	E)		1101120		PAGE 32 OF 45 FOR SE OF FORM 24/48	
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women	Vomen Speak Out PAC C C00530766					
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y	
	e of Payee na A Jones				of Public Distribution/Dissemination	
Mailing A	ddress 7151 Mullins Drive			Amour	10 12 2014 nt	
City		State	Zip Code		70.00	
Saltville		VA	24370		action ID: cb42c397-230d-443e-8 of Disbursement or Obligation	
Purpose Salary	of Expenditure		Category/ Type 001		10 12 2014	
Name of	Federal Candidate		Support	Office Sought	t: House District: 00	
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC	
	endar Year-To-Date Election for Office Sought	10	000165.87	Disbursement 2014 Ot	t For: Primary X General	
	e of Payee a A Jones address 7151 Mullins Drive				of Public Distribution/Dissemination	
	7 131 IVIUIII13 DIIVE			Amou	nt	
City Saltville		State VA	Zip Code 24370	Transa	52.50 ction ID : f6e18843-a863-420e-b f Disbursement or Obligation	
Purpose Mileage	of Expenditure		Category/ Type 002		10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of	Federal Candidate		Support	Office Sough	t: House District: 00	
Ms. Kay	Hagan		Oppose	Preside	ent Senate State: NC	
	endar Year-To-Date Election for Office Sought		1000165.87	Disbursement 2014 O	t For: Primary X General ther (specify) ▶	
(a) SUBT	OTAL of Itemized Independent Expend	litures		•	122.50	
(b) SUBT	OTAL of Unitemized Independent Expe	enditures		•		
(c) TOTAI	Independent Expenditures			· [7	
with, or at	nalty of perjury I certify that the indepe the request or suggestion of, any can mittee) any political party committee or	didate or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	13 2014	
Signatu	ıre					

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Serena A Jones	10 / 12 / 2014
Mailing Address 7151 Mullins Drive	Amount
City State	z Zip Code 70.00
Saltville VA	24370 Transaction ID : 6df17685-81a0-4278-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Serena A Jones Mailing Address 7151 Mullins Drive	Date of Public Distribution/Dissemination M 10
City State	e Zip Code 52.50
Saltville VA	24370 Transaction ID : f6d5db63-a627-4267-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 12 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 13 2014
Signature	

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OF

Schedule E)	II EXI END	TIONES		PAGE 34 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Shanon Snyder			M	
Mailing Address 2701 Winifred			1	
City	State	Zip Code		80.00
Metairie	LA	70003		ction ID : fda194ed-1d3f-46dd-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	0 10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	181058.88	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Ms. Tonya Boyd			M	
Mailing Address 2357 Fancy Cap Rd				0 10 2014
2007 Failey Cap Nu			Amount	
City	State	Zip Code		25.00
Mt. Airy Purpose of Expenditure	NC	27030	Transact Date of	tion ID : 1623a7e4-68e9-4cbe-b Disbursement or Obligation
Salary		Category/ Type 001	1	0 10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	1000165.87	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	res			105.00
, , , , , , , , , , , , , , , , , , , ,				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		13 2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Tonya Boyd	10 10 2014
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	4.95
Mt. Airy NC 27030	Transaction ID : 8d2afd87-5cd5-4e12-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Odichadi Icar lo Dalc	01sbursement For: Primary General 014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Eleanor McCoy	10 12 2014
Mailing Address 4902 Catawba Dr	Amount
City State Zip Code	87.50
Greensboro NC 27407	Transaction ID: 002338bf-d251-47f4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 12 7 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	92.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014
Signature	

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OF

Sched	ule E)	. EXI END			PAGE 36 OF 45 FOR SE OF FORM 24/48	
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Wom	Women Speak Out PAC C coos30766					
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on		
	Name of Payee			Date	of Public Distribution/Dissemination	
Ele	eanor McCoy				10 12 2014	
Maili	ng Address 4902 Catawba Dr			Amou	int	
City		State	Zip Code		21.60	
	ensboro	NC	27407		saction ID: 65614d9e-a3fa-4555-9 of Disbursement or Obligation	
Purp Mile	ose of Expenditure age		Category/ Type 002	TV.	10 12 7 2014	
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00	
Ms.	Kay Hagan		X Oppose	Preside	NC NC	
	Calendar Year-To-Date Per Election for Office Sought	10	000165.87	Disbursemen 2014 O	nt For:	
	Name of Payee			Date	of Public Distribution/Dissemination	
Ch	ris McCoy			T.	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Maili	ing Address 1025 Cayley Ct			L	10 12 2017	
				Amou	int	
City		State	Zip Code		65.00	
	h Point	NC	27260	Transa Date	action ID: a7e8c0d7-85f2-4934-a of Disbursement or Obligation	
Purp Sala	ose of Expenditure ary		Category/ Type 001		10 / 12 / 2014	
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00	
Ms.	Kay Hagan		Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought	<u></u>	1000165.87	Disbursemer 2014 C	nt For:	
(a) S	UBTOTAL of Itemized Independent Expenditure	es			86.60	
(b) S	UBTOTAL of Unitemized Independent Expendit	:ures		•		
(c) T(OTAL Independent Expenditures			•	7 1 7 1 7 1	
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized				
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	13 2014	
Sig	gnature		_			

Schedule E)	THE ENDERN EXILEND	101120		PAGE 37 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	nour report New repo	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Chris McCoy			M = M	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	12 2014
City	State	Zip Code		17.10
High Point	NC	27260		D: a2e9767d-0b8b-44c4-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	00165.87	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Amber N Robbins Mailing Address 1074 A Cottrell F	lill Rd Apt A		Date of Publing 10 Amount	c Distribution/Dissemination
City	State	Zip Code		50.00
Lenior	NC	28645	Transaction II Date of Disbu	D: c6311fd7-a8bd-4ef0-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 N	11
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1000165.87	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independ	dent Expenditures		. •	67.10
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		• •	
(c) TOTAL Independent Expenditures	S		•	1 4 1 6
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 / 13	2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Amber N Robbins	10 11 2014
Mailing Address 1074 A Cottrell Hill Rd Apt A	Amount
City State Zip Code	9.00
Lenior NC 28645	Transaction ID : 7fd83b16-9cec-4272-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 11 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
William M Criswell	10 09 2014
Mailing Address 115 Burns Mitchell Drive	Amount
City State Zip Code	50.00
Belmont NC 28012	Transaction ID: 1b6905e1-262d-4b90-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 09 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 13 2014
Signature	

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	meduic Ly	FOR SE	OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFIC	ATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C005307	66
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on	/ Y = Y = Y = Y
\neg	Full Name of Payee	Date of Public Distribu	tion/Dissemination
	William M Criswell	10 09	/ Y Y Y Y Y Y 2014
	Mailing Address 115 Burns Mitchell Drive	Amount	
	City State Zip Code		6.30
	Belmont NC 28012	Transaction ID : 225c Date of Disbursement	12b9-4fe4-454e-b
	Purpose of Expenditure Mileage Category/ Type 002	10 09	/ Y Y Y Y Y Y 2014
	Name of Federal Candidate Support Office	Sought: House	e District: 00
	Ms Kay Hagan	President X Senat	110
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014		mary X General
ŀ		Other (specify)	tion/Discretify
	Full Name of Payee Michael Vidrine	Date of Public Distribu	/ Y = Y = Y = Y
	Mailing Address 1103 West Wilson Street	10 09 Amount	2014
	City State Zip Code		50.00
	·	Transaction ID : f3888f Date of Disbursement	i9a-442b-4ea7-b or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 09	
	Name of Federal Candidate Support Office	Sought: House	e District: 00
		President X Senat	
		sement For: Prin Other (specify) ▶	mary X General
	(a) SUBTOTAL of Itemized Independent Expenditures	7	56.30
((b) SUBTOTAL of Unitemized Independent Expenditures	7	21121
	(c) TOTAL Independent Expenditures	7	22.
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y	2014
	Signature		

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OF

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Michael Vidrine	10 09 7 2014
Mailing Address 1103 West Wilson Street Am	nount
City State Zip Code	22.20
Ville Platte LA 70586 Tra	ansaction ID: 80028555-dbf0-460c-8 tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 09 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms Mary I Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	7
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Serena A Jones	10 07 2014
Mailing Address 7151 Mullins Drive	nount
City State Zip Code	80.00
	nsaction ID: 321195b4-9c4c-4a65-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 07 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	102.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	13 2014
Signature	

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OF

Schedule E)	INI EXI END	TIONES	PAGE 41 FOR SE OF	OF 45 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Serena A Jones			10 07	2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		61.80
Saltville	VA	24370	Transaction ID : 6062ca3 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	10 07	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	. 1	000165.87	Disbursement For: Primary 2014 Other (specify) ▶	/ Kaneral
Full Name of Payee	-		Date of Public Distribution	/Dissemination
Serena A Jones			10 09	2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		70.00
Saltville	VA	24370	Transaction ID : 4eb732d5 Date of Disbursement or	i-5ea7-482b-b
Purpose of Expenditure Salary		Category/ Type 001	10 09	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1000165.87	Disbursement For: Primary 2014 Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			131.80
			7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures)	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 20	14

Schedule E)	1 =/(1 = (1 =)			PAGE 42 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Serena A Jones			M	M
Mailing Address 7151 Mullins Drive			Amoun	t
City	State	Zip Code		65.10
Saltville	VA	24370		ction ID: 0ce48542-83ee-48e8-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1(000165.87	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Tracey A Fraser				09 06 2014
Mailing Address 2120 Nolan Trace St			Amoun	لىنى لتا ك
				· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	ا_ا	80.00
Lessville	LA	71446	Date of	tion ID: 29917d80-4d91-4725-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 06 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	181058.88	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	;s		. •	145.10
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	7 7 7
(c) TOTAL Independent Expenditures			· .	7 7 5
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 10	13 2014
Signature		_		

Schedule E)	LIVI EXI END	HONES	PAGE 43 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tracey A Fraser			09 / 06 / 2014
Mailing Address 2120 Nolan Trace St			Amount
City	State	Zip Code	76.80
Lessville	LA	71446	Transaction ID : 5e2508a1-3ed8-4302-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 06 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	181058.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tracey A Fraser			09 26 7 2014
Mailing Address 2120 Nolan Trace St			Amount
City	State	Zip Code	60.00
Lessville	LA	71446	Transaction ID : 4f927160-d4e8-461a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	181058.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		136.80
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	EXI END	TOTILO		PAGE 44 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Tracey A Fraser			09	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2120 Nolan Trace St			Amount	
City	State	Zip Code		82.80
Lessville	LA	71446	I	D: da3b1a93-4421-4ab1-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	81058.88	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
James E Dacus			10	03 / 2014
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code		30.00
Farmington	AR	72730		: 66815874-cb43-4079-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	162201.20	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	S			112.80
			-7-	4
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		>	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 13	2014
-				

Schedule E)	LINDITOTIES	PAGE 45 OF 45 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle		10 10 / 2014
3 004 Nounidabout Office		Amount
City State	Zip Code	70.00
Searcy AR	72143	Transaction ID: cc2333f9-1015-474a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 10 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	162201.20 Dist 2014	oursement For: Primary General Other (specify) Other (specify)
Full Name of Payee	·	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State	Zip Code	
	_р стат	
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate	Support Office	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dist	oursement For: Primary General
	7	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	·····	3836.74
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 13 2014
Signature		